

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044159

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5954

FILED NOV 21 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY, MISSOURI

Length of stay in 1b

34 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

VA HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR
TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

3002 GARFIELD

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

NOAH

GILBERT

MULLINS

4. DATE
OF
DEATH

NOVEMBER 1,

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-12-95

9. AGE (last birthday)

68 YRS

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

U. P. RAILROAD

TRANSPORTATION

PUTMAN CO, MO

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

NOAH G. MULLINS

13b. MOTHER'S MAIDEN NAME

ESTER J. ODELL

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WWI

16. SOCIAL SECURITY NO.

REMOVED MULLINS (SON) SAME ADDRESS

VA HOSPITAL OFFICIAL RECORDS

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC FAILURE

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

HYPOVOLEMIA

DUE TO (c)

BOWEL OBSTRUCTION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from AUGUST 23, 1963, to NOVEMBER 1, 1963. Death occurred at 11:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Design or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Klingner Funeral Home

11-2-63

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

3 Noah Gilbert Mullins 11-7-63

BY AFFIDAVIT OF L. Cheatham, M.D. DOCUMENT

Medical Certification

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me,~~
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Forest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.